

**STATE OF MONTANA  
DEPARTMENT OF INSURANCE**

840 Helena Avenue, Helena, MT 59601  
1-800-332-6148 (in state)  
(406) 444-2040 - Fax (406) 444-3497  
e-mail [stateauditor@state.mt.us](mailto:stateauditor@state.mt.us)  
web site - [sao.state.mt.us](http://sao.state.mt.us)

**BUSINESS ENTITY APPLICATION FOR LICENSE**

(THIS FORM MAY BE DUPLICATED)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> SOLE PROPRIETOR<br><input type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> CORPORATION | <input type="checkbox"/> CASUALTY<br><br><br><br><br><br><br><br><br><br><input type="checkbox"/> LICENSE # | <input type="checkbox"/> LIFE<br><input type="checkbox"/> DISABILITY<br><input type="checkbox"/> PROPERTY<br><input type="checkbox"/> LIMITED LINES CREDIT<br><input type="checkbox"/> VARIABLE CONTRACTS<br><input type="checkbox"/> SURETY<br><input type="checkbox"/> TITLE<br><input type="checkbox"/> TRAVEL<br><input type="checkbox"/> TRIP<br><input type="checkbox"/> PERSONAL LINES |
|--|---|---|
- ☐ RESIDENT  
☐ NONRESIDENT
- ☐ NEW  
☐ AMENDED

1. Name of Agency \_\_\_\_\_  
*(As certified by the Secretary of State of Montana)*  
Federal Employer ID# \_\_\_\_\_

2. Assumed Business Name (if applicable) \_\_\_\_\_

3. Business Address \_\_\_\_\_  
*(Where Ins. License will be posted)*      *Street*      *City*      *State*      *Zip*

4. Mailing Address \_\_\_\_\_  
*(If different)*      *P.O. Box*      *Street*      *City*      *State*      *Zip*

5. Business Phone \_\_\_\_\_

6. List the partners of the Partnership or officers of the Corporation and their titles. (Not Applicable to Sole Proprietors)


7. List the individuals to be named on your Montana License. (ATTACH SEPARATE APPLICATION FOR EACH INDIVIDUAL NAMED)

NOTE: For non-residents, these individuals must be shown on your state of residence license.


8. Do you understand that UNLESS NAMED ON THE LICENSE, employees, salaried or commissioned, of the applicant may not solicit or transact the business of insurance for the applicant agency?      Yes ☐      No ☐

9. Have any of the partners, officers, or directors ever been convicted of a felony? Yes ( ) No ( )  
If yes, attach copies of court documents: \_\_\_\_\_  
\_\_\_\_\_
10. Has applicant agency\* ever, in this or another state, been refused a license or had a license suspended, revoked or had administrative action taken against it? Yes ( ) No ( )  
\*You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.  
If yes, attach copies of court documents: \_\_\_\_\_  
\_\_\_\_\_
11. Have you ever had an agency contract with a company canceled for a reason other than lack of production or mutual agreement? Yes ( ) No ( )  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_
12. Are you familiar with the laws of Montana governing the solicitation and sale of insurance? Yes ( ) No ( )
13. Do you understand that you are not to solicit or sell insurance until a license has been issued to you by the Montana Insurance Department? Yes ( ) No ( )
14. Is the transaction of insurance business one of the purposes listed in your Partnership Agreement/Articles of Incorporation? Yes ( ) No ( )
15. Do you intend to use your license as a controlled business license for the writing of insurance on the lives or interests of yourself, your relatives, or those of your employees? Sections 33-17-102(7) and 33-17-201(6), MCA. Yes ( ) No ( )

\_\_\_\_\_  
Signature of Proprietor, Partner, or Officer

NOTE: Facsimile Signature is not acceptable on this form

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**PROCEDURE FOR NON-RESIDENT BUSINESS**  
**ENTITY ORIGINAL LICENSE**

1. **FILE WITH MONTANA SECRETARY OF STATE** to qualify as a Foreign Corporation PRIOR to making application with the Montana Insurance Department.  
  
CONTACT: Montana Secretary of State  
Corporation Department  
Capitol Building  
Helena, MT 59624  
Telephone No. (406) 444-3665
2. **FORM 1003** is completed on behalf of the applicant business entity.
3. **FORM 1001** is completed by **EACH** individual to be named on the license. Only those who will actively be soliciting in Montana need be named on the license.
  - a. Must already be qualified for all lines of insurance which the applicant is seeking a license for.
  - b. Must be residents in the SAME state and location of the applicant.
  - c. Must be named on the applicant's license in applicant's resident state.
1. Some states do not issue licenses to business entities but permit operating in such a manner. Montana will license the entity providing we can be furnished Certification from the resident state's insurance department that the individuals to be named on the license are employees or members of the applicant entity.
4. **PRODUCERS - NOT BROKERS** are licensed in Montana. Brokering is not permitted in this state. We require that the applicant be appointed as an agent in the applicant's state of residence for any insurance company requesting an appointment for the applicant in Montana.
5. **CERTIFICATION LETTER** from the resident state's Insurance Department is required. The certification must indicate the manner in which the applicant is licensed, the individuals named on that license (including those persons to be named on the Montana license), that they are licensed as "producers," and the lines of insurance applicant is qualified to write.  
  
Where the business entity is not required to be licensed in their resident state, then Certification for **EACH** individual is required including which business entity the individual(s) is a member of or employed by.
6. **ARTICLES OF INCORPORATION**. A photocopy of the Articles of Incorporation as filed in applicant's resident state along with the Certificate of Incorporation as issued by the Montana Secretary of State is required to accompany the insurance license application.

7. **ARTICLES OF CO-PARTNERSHIP OR AGREEMENT.** A photocopy of the Agreement as filed in applicant's resident state along with the Certificate of Assumed Name Certification as issued by the Montana Secretary of State is required to accompany the insurance license application. Contact the Montana Secretary of State (See Question 1 for address) for the Certificate of Assumed Name application.
8. **CERTIFICATE OF FOREIGN CORPORATION** as issued by the Montana Secretary of State is required to accompany the application for insurance license.
9. **FEE:** LIFE/DISABILITY LICENSE \$100.00 for EACH individual to be named on license  
PROPERTY/CASUALTY LICENSE \$100.00for EACH individual to be named on license

The fee is for making application (therefore, earned on receipt) and includes issuance of the license, if issued.

Files are held in abeyance for six months, and if not completed in that time, the file is closed.

10. **ORIGINAL QUALIFICATION LICENSE** is issued to the applicant along with the sponsoring insurer's appointment. The license will indicate the licensee name, persons authorized to act as agents, lines of insurance qualified to solicit, and license number.

**APPOINTMENTS OF AGENT.** Each insurer you intend to place business with in Montana must first appoint your business entity as their agent PRIOR to soliciting or the placing of that insurance. **YOU ARE NOT QUALIFIED TO ACT AS AN AGENT FOR AN INSURER UNLESS YOU ARE IN RECEIPT OF THE VALIDATED APPOINTMENT OF AGENT.**

#### **AMENDMENT OF LICENSE**

The license must be amended at any time you wish to add or delete individuals from the license.

1. **DELETION OF INDIVIDUALS FROM THE LICENSE**. Submit a letter to the Montana Insurance Department, signed by a member of the business entity, requesting the deletion. A fee is required for issuance of the amended license.
2. **TO ADD INDIVIDUAL TO THE LICENSE**
  - a. Form 1003 - showing ALL persons to be named on the license under question 6 (new and current),
  - b. Form 1001 - for each NEW person to be added to the license,
  - c. NEW CERTIFICATION from resident state's insurance department for both the producer and the business entity; and
  - d. \$100.00 fee for each NEW person to be added.

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**PROCEDURE FOR RESIDENT BUSINESS ENTITY ORIGINAL LICENSE**

1. **FILE WITH MONTANA SECRETARY OF STATE** to qualify as a Foreign Corporation PRIOR to making application with the Montana Insurance Department.

CONTACT: Montana Secretary of State  
Corporation Department  
Capitol Building  
Helena, MT 59624  
Telephone No. (406) 444-3665

2. **FORM 1003** is completed on behalf of the applicant business entity.
  - a. All affiliates must be qualified for the same lines of insurance as the business entity.
3. **FORM 1001** is completed by **EACH** individual to be named on the license. Only those who will actively be soliciting in Montana need be named on the license.
  - a. Must already be qualified for all lines of insurance for which the applicant is seeking a license.
4. **ARTICLES OF CORPORATION.** A photocopy of the Articles of Incorporation as filed with the Montana Secretary of State along with the Certificate of Incorporation as issued by the Montana Secretary of State is required to accompany the insurance license application.
5. **ARTICLES OF CO-PARTNERSHIP OR AGREEMENT.** A photocopy of the Agreement as filed with the Montana Secretary of State along with the certificate of Assumed Name as issued by the Montana Secretary of State is required to accompany the insurance license application. Contact the Montana Secretary of State (See Question 1 for address) for the Certificate of Assumed Name application.

Files are held in abeyance for six months, and if not completed in that time, the file is closed.
6. **ORIGINAL QUALIFICATION LICENSE** is issued to the applicant. The license will indicate the licensee name, persons authorized to act as agents, lines of insurance qualified to solicit, and license number.
7. **APPOINTMENT OF AGENT.** Each insurer you intend to place business with in Montana must first appoint your business entity as their agent PRIOR to soliciting or the placing of that insurance. **YOU ARE NOT QUALIFIED TO ACT AS AN AGENT FOR AN INSURER UNLESS YOU ARE IN RECEIPT OF THE VALIDATED APPOINTMENT OF AGENT.**

**AMENDMENT OF LICENSE**

The license must be amended at any time you wish to add or delete individuals from the license or change your address.

1. **DELETION OF INDIVIDUALS FROM THE LICENSE.** Submit a letter to the Montana Insurance Department, signed by a member of the business entity, requesting the deletion.
2. **TO ADD INDIVIDUAL TO THE LICENSE**
  - a. Form 1003 – showing ALL persons to be named on the license under Question 6 (new and current).
  - b. Form 1001 – for each NEW person to be added to the license.
    - (i) Must already be qualified for all lines of insurance for which the applicant is seeking a license.